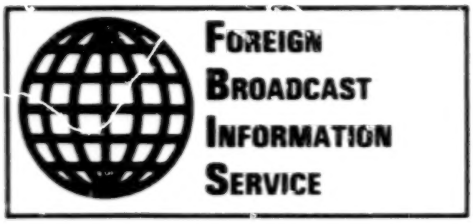
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INTER-AFRICAN

Health Official Comments on AIDS Policy

54000097a Lilongwe MALAWI NEWS in English 13-19 Feb 88 p 2

[Text] Malawi does not see how any particular country could be reported to have a higher incidence of the killer disease AIDS (Acquired Immune Deficiency Syndrome) because there are a lot of factors that have to be taken into account before coming up with such a conclusion, the country's Chief of Health Services has said.

He was speaking on Thursday night to a BBC (British Broadcasting Corporation) correspondent Jannet Anderson in an interview carried on BBC radio.

The Malawi Chief of Health Services was commenting on a report made by the South African Minister of Health, Mr Willie van Nickerk, to newsmen in Cape Town on Monday this week that Malawi was one of the high risk countries in this part of Africa for AIDS.

Mr Nickerk announced during the press briefing that South Africa will deport up to 1,000 black migrant workers who were carrying the deadly AIDS virus and that most of those affected were from Malawi. He said the others were from Zimbabwe, Zambia and Uganda.

On why there were more Malawian migrant mine workers with AIDS in South Africa than from other countries, the chief of Health Service said: "I think there is not very much we all know in general about the problem of AIDS. There are certain aspects of it that we cannot explain."

Scientific

"I cannot explain to you why any particular country at the moment should have higher incidences of AIDS than others. I think there are a lot of factors that have to be taken into account and in this particular situation, I do not have all the facts with me to give you a reasonable scientific answer on that question."

The senior health official explained that at present, the actual number of AIDS sufferers in Malawi, like in many other countries, was not known. He said for a long time, the country did not have the scientific capability to screen for the AIDS virus let alone to do confirmatory tests.

"We, therefore, are not able to give you an indication of exactly how many AIDS sufferers there may be in Malawi," he added.

Asked whether Malawi's health services would cope if up to a thousand Malawians were repatriated form South Africa, the chief of health services said that the country had limited resources.

"It would definitely be an added strain on our already limited resources but we would have to see the best we can do about them," he added.

The chief of health services said Malawi would, however, be concerned whether the mine workers had the AIDS infection before they left the country or afterwards. "I am saying this because they do not take their families when they go to work in the mines, so the possibility of contracting the AIDS infection while they had already left Malawi certainly does exist," he stated.

The senior health official stated that if the Malawian mine workers came back home, the government would be interested in following them up very carefully from the public health point of view and within the country's limited resources.

"We would follow their families or other contacts and do the best that we can for them," he added. The chief of health services also said that malawi would cooperate with other countries, including South Africa, in combatting the AIDS problem.

Of late, the Malawi Government has intensified its efforts of educating the public about AIDS and how to avoid contracting it through the media and public meetings. The problem of AIDS is a matter of international concern. Its spread knows no boundary and it does not discriminate on the basis of nationality.

/12232

New Spray Successful Against Locust Plagues

54000100c Harare THE FARMING GAZETTE in English 26 Feb 88 p 39

[Text] A British company and a Norwegian aid organisation are claiming a major victory in the war against the plagues of locust and grasshoppers that devastate crops and vegetation in northern and central Africa.

Official trials carried out by Mali government scientists have shown "remarkable" results from the application of an insecticide spray using a new vegetable oil emulsifier, Codacide, developed and produced by Microcide Ltd, of Stanton in eastern England.

Trials

Over the past few months, the British spray specialist has shipped and airfreighted over 60 tonnes of spray concentrate to Africa, working through the Oslo-based Stromme Memorial Foundation.

The trials took place in the Kayes region of Mali which has been badly affected by the ravages of locusts and grasshoppers. Using knapsack sprays, teams of farmworkers treated infested crops and foliage with fenitrothian insecticide, Codacide oil emulsifier and water.

Not only did they achieve a 100 percent grasshopper kill within 45 minutes, but did so using only one-fifth of the amount of insecticide recommended by the Food and Agriculture Organisation (FAO) for sprays mixed solely with water.

This success prompted Stromme's consultant, Mr Sigurd Fossland, to recommend that insecticide inclusion rates with Codacide should be even further reduced to only one-tenth of the FAO figure. In addition to cutting costs even more, this would obviate any threat to beneficial insects in the vicinity.

When mixed with a pesticide or herbicide, Codacide completely surrounds the chemical molecules with capsules of vegetable oil. Applied as a spray with water, these capsules (droplets) stick to the insect or plant and spread evenly over the surface, allowing efficient penetration of the chemical.

Unlike water-based spray concentrates, those mixed with Codacide oil do not deteriorate in storage. According to Mr Fossland this gave an added benefit in human safety terms to the African project, since there was no need for the workers to handle chemicals when making up spray in quantity. It can be shipped diluted in water and ready to use.

The successful outcome of these trials means that full-scale spraying operations can now go ahead in the plague areas of Mali and, in due course, in neighbouring African states. In fact, helicopters are already applying spray containing only one-tenth of the FAO-recommended volume of pesticide.

Codacide oil has been produced by Microcide since 1984. It has been used to spray over 809,400 hectares of cereals and other crops with herbicides, fungicides and pesticides, usually at half the recommended amount of chemical Microcide Ltd, Stanton, Bury St Edmunds, Suffolk, United Kingdom, IP32 2AR.

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BOTSWANA

National AIDS Workshop Held

Minister Makes Opening Statement

54000095 Gaborone BOTSWANA DAILY NEWS in English 25 Feb 88 p 1

[Text] The absence of a vaccine to prevent AIDS or treatment to cure victims means that people's knowledge of transmission and other dynamics of the disease must be used to curb its spread.

The minister for presidential affairs and public administration, Mr Ponatshego Kedikilwe gave this advice when opening a 5-day national AIDS workshop in Francistown.

He observed that the spread of AIDS has become a serious threat to life both locally and in many other countries of the world.

AIDS, he noted, has become a topical issue the world over and it has the potential of being the worst scourge of mankind in modern times.

The minister said AIDS threatens to parallel the great scourges of the middle ages caused by the plague, cholera and syphilis.

He recalled that there were 18 knows cases of the disease and 8 of these died. He said 142 people are known to be positive and therefore harbour the virus adding that there were definitely many unknown cases of the disease.

The minister also mentioned that sectors whose input were immediately needed in the AIDS campaign include the government's Department of Information and Broadcasting, the private media and the Ministry of Education.

He said these will be in addition to the health sector which of necessity has to provide leadership and play the role of coordination and guidance.

He urged participants to be frank as needed so that the message passed to the public through mass communication could be clear and frank.

The minister stressed that AIDS education should be passed to schools so that students could be taught about sexually transmitted diseases together with family life education and other subjects.

Earlier, welcoming participants, the Mayor of Francistown, Councillor Iqbal Ebrahim said AIDS has evoked emotion, panic and fear and in one swoop made mankind think twice abut the so-called liberated moral attitudes.

Mr Ebrahim said according to recent statistics, more than 72,000 cases have been reported worldwide and another 10 million are suspected to have contracted the disease.

Ethical Questions Considered

54000095 Gaborone BOTSWANA DAILY NEWS in English 1 Mar 88 p 4

[Article by Kesholofetse Phetlhu]

[Text] Aids has had devastating implications on the social and economic spheres of society in addition to the serious health problems it has posed, participants at a workshop on the disease have said.

The multi-sectoral workshop, which ended in Francistown last week, was in first of its kind since the discovery of AIDS cases in the country.

The workshop called for collective efforts in combating the deadly disease and made a special appeal to AIDS victims and carriers to come to the open.

The workshop noted that because of the ethics of the medical profession, health staff were bound to refrain from disclosing the identify of AIDS victims and carriers without their consent.

However, the workshop resolved that in exceptional circumstances where it had been proved that an AIDS patient was conducting himself or herself in a manner dangerous to the public appropriate measures to restrain him or her must be taken.

A panel at the workshop also expressed concern about a set of people who were called "employees constantly in contact with AIDS"—among whom were named the police, army officers and first aiders likely to handle emergency cases while they would be unprotected or without protective implements.

It was the feeling of panelists that guidelines should be drawn up on how these people could be protected whilst at work and on how employees with AIDS also have to be protected from falling victim to other infections because they are immuno suppressed.

It came out during the discussions that the group predominantly affected by AIDS consisted of people aged between 20 and 49 years.

The panelists also raised questions about compensation and insurance.

The workshop then resolved that AIDS be classified as one of the work related diseases for certain occupations and called for a review of the Compensation Act and the Insurance Act in relation to AIDS.

A representative of the Attorney General's Chambers, Mr Neville Chadwick told the workshop that there was no law stipulating that a person could be fired because of an infection.

On the question of an educational campaign, the workshop felt that the government should address itself to the issue of separating spouses through postings and transfers.

The workshop also spoke for the use of local language and characters in audio-visuals to make the information relevant and fully meaningful to target groups and expressed the need to provide information on the current status of the AIDS scourge.

It was felt that information provided must assist in changing behavior by taking into consideration traditional beliefs and attitudes as well as religious concepts.

Insurance Forms To Include AIDS Questions

54000095 Gaborone BOTSWANA DAILY NEWS in English 1 Mar 88 p 3

[Article by Kesholofetse Phetlhu]

[Text] Life insurance companies will include questions on AIDS in their life assurance proposal forms and seek medical examination reports starting in March this year in their initial step towards insisting on HIV tests.

This was revealed in a paper presented to the ongoing first national workshop on the disease by a representative of a Life Assurance Consultative Committee, Mr G. Hastings.

He told the seminar—attended by medical experts, traditional healers and voluntary organisations, among others—that the Life Assurance Industry in the country was concerned about the presence of AIDS among its nationals.

He said the presence of AIDS in the country had important implications in terms of public relations and mortality risk which had implications on the perception of all questions about AIDS by life assurance proprietors.

He expressed the desire of life assurance companies to have screening facilities to identify high risk applicants in the same way as they offer covers for other high risk applicants such as those suffering from cancer or coronary disease.

Earlier, the seminar participants were briefed on the procedure of testing AIDS by Dr Ally Kombe, specialist pathologist in the Ministry of Health.

In his presentation, Dr Kombe emphasised the confidentiality of the detected victims of AIDS, quality control and methodology and performance of staff.

He explained that in order to ensure confidentiality, code names are used and the results are confidential between the codename and the hospital and even one's spouse cannot be informed unless through the consent of the carrier or victim.

Conference Passes Resolutions

54000095 Gaborone BOTSWANA DAILY NEWS in English 1 Mar 88 p 1

[Article by Kesholofetse Phetlhu]

[Text] The 5-day first national workshop on AIDS ended at Francistown last week after passing a number of resolutions on how to combat the spread of its infection in the country.

The workshop had drawn participants from various local and international organisations, primarily specialists on the medical and educational fields as well as from among traditional leaders and healers.

Throughout the conference deliberations laid emphasis on appropriate educational campaigns using local resources and aimed to reach the people of different age groups through the use of various existing government and non-governmental structures.

The conferences also looked at the financial and social implications of the existence of AIDS care in health clinics, youth and children, the issue of confidentiality, counselling and contact tracing and screening.

Some of the resolutions passed by the conference are removal of prices on condoms and their being made available at work places; enactment of legislation making it possible for spouses and legal guardians to be told if a member of a family has contracted AIDS; and the need for the establishment of a district AIDS coordinator and counselling among other duties.

The coordinator of the core AIDS combat group, Mr J. Sibiya told BOPA that the resolutions of the conference were to be reviewed and then submitted for approval by cabinet before being published.

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Condom Sales Up Since AIDS Outbreak

54000094b Gaborone BOTSWANA DAILY NEWS in English 23 Feb 88 p 1

[Article by Peter Maphangela]

[Text] The sale of condoms has gone up in clinics and pharmacies since the announcement of the outbreak of the dreaded disease-AIDS, the minister of health, Mr Lesedi Mothibamele told a well attended meeting in Kang recently.

Mr Mothibamele stated that the use of condoms help to avoid being infected with AIDS. He noted that it was always safe to use condoms against casual love partners because one could never be sure whether such partners were free from AIDS infection.

The minister said the government was doing everything possible to fight the spread of the disease. He said at the moment the Health Education Unit was covering the whole country showing films, issuing pamphlets and T-shirts in a bid to educate Botswana on the disease.

Mr Mothibamele said slot machines for condoms were still to be installed at convenient places in urban areas so that condoms could be easily obtained.

The minster advised his audience to take advantage of the use of condoms and also to stick to one partner to avoid contracting the AIDS virus.

He also told the meeting that 8 people had died from the disease during the past 18 months and that there were 157 known AIDS carriers in the country.

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Malaria Statistics Cited

54000094a Gaborone BOTSWANA DAILY NEWS in English 24 Feb 88 p 5

[Article by Jeremiah Senabye]

[Excerpt] Malaria is responsible for the high rate of hospitalisation during the rainy season in the Kasane area, according to medical authorities.

The regional medical officer, Dr Michael Duprant told BOPA in an interview that in 1985/87 less than 100 cases were handled in the Chobe District every month. He said patients were seldom referred to Francistown.

Dr Duprant said the most easy victims were people who were new in the region, and added that expectant mothers and children were prone to more severe cases of malaria.

Dr Duprant explained that the malaria season was between November and May in the Chobe District and there were almost no cases from June to October.

On controlling mosquito breeding, he said at a public health level spraying of DDT was done by the Regional Health Team (RHT) every year throughout the district.

He observed that Chobe residents were using mosquito repellents and indoor insecticides and did not like too much DDT spraying.

/12232

CAMEROON

Education Campaign Against AIDS Discussed

54000092b Yaounde CAMEROON TRIBUNE in French 4 Feb 88 p 4

[Excerpt from an article by Joseph Tsala Adah]

[Excerpt] It is no longer any secret: AIDS really does exist in Cameroon. The government has set up a structure—the National Scientific Committee to Combat AIDS—to educate the population about this terrible scourge.

For a very long time, the terrifying disease remained somebody else's problem, "their plague". They talked about it, died of it, and accused us of being the starting

point for it. Now, we talk about it, die of it, and hesitate to believe in it. Because the virus has spread to our country, a national scientific committee to combat it has been formed. Created in January, 1986, it has already accomplished a sizable amount of work in 2 years. There is no denying that it got off to a late start; the assistant director of health, Mr Njinjoh Nwana Aloysius, defends himself: "it was necessary to proceed cautiously, based on the information that was coming in."

What Has Been Done

The 11 member committee is presided over by Dr Lazare Kaptue, health director with the Ministry of Public Health, assisted by Dr Njinjoh Nwana Aloysius. He is drafting the health education program which must serve the entire country and is researching funding sources in order to equip Cameroon with a blood transfusion center. A vast research program is currently underway to determine the behavior of the virus in our country and, in turn, the sexual behavior of Cameroonians.

Specifically, the committee has trained doctors and technicians who are now conducting seroprevalence studies throughout the country. These will be followed up and repeated in certain cities to see if there is any progression. With WHO's assistance, each of our 10 provincial hospitals has been outfitted with a blood-testing laboratory. Various informational and health education drives have been sponsored throughout the country. Yaounde Central Hospital has just been equipped with an imposing blood bank.

Judging by the quality of discussions and the doubt expressed by some, and despite the creeping phobia that is overtaking them, Cameroonians have not yet decided where they belong in the midst of all this activity, the many appeals and widespread public debates on sexuality notwithstanding. It's just that the fight is not a desperate one, even though they have already been told a great deal about the disease, its transmission and the precautions that should be taken.

"When I look at the educational effort we have made over the last 2 years, I don't know what more can be done." With this short comment, Dr Kaptue summed up 2 years of hard labor put in by the committee.

The studies being conducted in the field show that in the population as a whole, the disease exists in about 0.3 to 0.5 percent. Put more simply, 3 to 5 of every 1,000 Cameroonians are seropositive in the adult population. Given the great susceptibility of female prostitutes, 2.8 percent of the latter carry the virus. The National Scientific Committee to Combat AIDS has counted approximately 50 cases—49 last month—half of whom are deceased.

For all that, has the sexual behavior of Cameroonians changed? "A little. The existence of some individuals clinically diagnosed with the disease and sent back home after a short hospitalization has a lot to do with it. The reasons are quite simple: they cannot be confined, much less isolated, for they are not contagious except during sexual relations or through donation of their blood. As Dr Garrigue, of Pasteur Center, stated: "Ostracization of or retaliation against these people would produce results opposite to those desired and would be totally disastrous: they would no longer seek medical help and it would be impossible to warn them of the real danger for those around them and to teach them the simple hygienic measures necessary."

Once home, these patients, for the most part informed, depending on their psychological attitude, should use condoms in situations they feel are beyond their control. Because the committee does not have the resources to provide these to everyone, it would like to see them sold everywhere, even in neighborhood shops. Dr Kaptue is pleased with the results obtained thus far: "many prostitutes require their partners to use condoms." They can be purchased for 135 francs.

In addition to the contest for best educational song, the committee and the department of preventive medicine are currently drafting brochures, articles and booklets which will be distributed to the public. With no sign of hesitation, the president and vice-president of the National Scientific Committee to Combat AIDS are hopeful. "Because information, education and prevention are making progress, behaviors will change."

09825

AIDS Cases Increase; Threat Viewed More Seriously

[40000912a Yaounde CAMEROON TRIBUNE in French 4 Feb 88 p 9

[Excerpt from article by Monda Bakoa]

[Excerpts] The ways in which AIDS is transmitted are known: infection occurs through blood, but primarily through sex.

Twenty-six cases in February of 1987, 50 cases today. The number of AIDS patients at Yaounde Central Hospital has doubled in less than one year. But the horror is only beginning. Studies conducted last year by OCEAC (Coalition to Combat Endemics in Central Africa) in collaboration with the Pasteur Center indicate that today there are 50,000 seropositive individuals (virus-carriers who have not yet come down with the disease) among the 10 million Cameroonians.

The threat is now taken seriously at the Ministry of Health. Gone are the days when officials declared AIDS not to be a health problem in Cameroon, because in

terms of mortality, it did not weigh as heavily as malaria, measles or the diarrhetic illnesses that decimate thousands of children each year.

When Dr Lazare Kaptue, director of health and president of the National Anti-AIDS Committee, began in Yaounde on March 4, 1987, a series of conferences to be held in the 10 provincial seats, he was responding in part to the alert fraction of the population who were accusing medical officials at that time of hiding their heads in the sand.

It is true that with a seropositive population of 0.5 percent, Cameroon's situation is less alarming than that of some countries in the region, where the prevalence rate is over 10 percent in some cities. This does not, however, justify the slightest bit of smugness. For if nothing is done, our country will find itself in the same boat within the next few years. The question is, what can be done against this invariably fatal scourge, for which neither a vaccine nor serum is available. In the absence of a cure for the disease, it is possible today to effectively safeguard oneself against it.

09825

ETHIOPIA

AIDS Patients To Receive Free Medical Care

54000097b Addis Ababa THE ETHIOPIAN HERALD in English 21 Feb 88 p 1

[Article by Makonnen Haile]

[Text] Any person suffering from AIDS (Acquired Immune Deficiency Syndrome), or suspected of harbouring the disease will be given free medical treatment in all hospitals, Comrade Dr Gizaw Tsehai, member of the CC of the WPE and Minister of Health, told journalists at a press conference held in his office, earlier in the week.

The minister said this is being done in line with a policy-decision adopted by the WPE and the government, to prevent and control the dreaded disease. Elaborating on other measures to be taken, he said Ethiopia will act in strict observance of guidelines originating from the World Health Organization (WHO).

Comrade Dr Gizaw stressed that all investigations or research work to be undertaken in connection with AIDS will be carried out in line with the Helsinki Accord. He also indicated that the procedures to be followed in the prevention and control of the disease AIDS will be closely linked with the programme of Primary Health Care. The minister disclosed that a National Task Force has been, set up for the purpose of developing a programme for the prevention and control of AIDS.

Comrade Dr Gizaw related some of the important measures already taken and those planned for the future for the prevention and control of the disease. These include strengthening of the facilities of the National Research Institute of Health, convening seminars to health professionals and provision of education on AIDS to the general public.

The minister also revealed plans for launching of short and long-term research programmes on AIDS as well as the provision of counseling services to AIDS victims and persons carrying the virus.

Comrade Dr Gizaw made reference to the 'London Declaration On AIDS Prevention,' which was an outcome of the World Summit of Minister of Health on Programmes for AIDS Prevention, held in the British capital, from 26-28 January, this year. A part of the 15-point declaration underlines the important role of information and education programmes aimed at the general public, taking into full account of social and cultural patterns. It also stresses that these same principles should be applied to specific groups as well.

The specific groups include policy makers health and social service workers at all levels, international travellers, persons whose practices may place them at increased risk of infection, the media, youth and those that work with them, especially teachers, community and religious leaders, potential blood donors and those with Human Immuno-deficiency Virus (HIV) infections, their relatives and others concerned with their care, all of whom need appropriate counselling.

The declaration emphasizes the need for protecting human rights and dignity in AIDS prevention programmes. It points out that discrimination against and stigmatization of HIV infected people with AIDS and population groups must be avoided since it will undermine public health. The declaration urges the media to fulfill their important social responsibility to provide factual and balanced information to the general public on AIDS and on ways of preventing its spread.

The summit has designated 1988 to be A Year of Communication and Cooperation about AIDS, in which various activities will be undertaken. These cover opening fully the channels of communication in each society so as to inform and educate more broadly and intensively strengthen the exchange of information and experience among all countries and forge, through information and education and social leadership, a spirit of social tolerance.

The declaration concluded with the words: "We are convinced that, by promoting responsible behavior and through international cooperation, we can and will begin now to slow the spread of HIV infection."

/12232

Effort To Control Tuberculosis Underway

54000054 Addis Ababa THE ETHIOPIAN HERALD in English 6 Feb 88 p 1

[Article by Melkam-Tesfa Beyene. Words in italics as published.]

[Text] The Ministry of Health is making determined effort to control the spread of tuberculosis—one of the major public health problems in the country, said Head of the National Tuberculosis Control Programme (NTCP), within the Ministry.

Speaking to the *Ethiopian Herald*, in connection with the recently held national symposium on tuberculosis, Comrade Moges Azbite said that it was 35 years ago that the first national tuberculosis prevalence survey was made, which gave rise to the opening of three tuberculosis centres and sanatoria between 1959-63.

"The purpose of opening the TB centres was to carry out both the public health and the medical aspect of it that went side-by-side with the training of health personnel and demonstrating to those who come to the centres," he said. However, the centres turned out to be handicapped as they adhered to poor registration, diagnosis, treatment and follow-up methods, he added.

This has resulted in a number of setbacks. According to Comrade Moges, the disease could now be promptly treated with highly effective drugs within six to twelve months time since the start of medication. However, only 20 per cent of patients are said to be cured of the disease due to the aforementioned reasons. Taking into account on the fragmented data, annual incidence rate of the disease is 75,000. This is to say that so many people are infected yearly by the disease. Besides, positive pulmonary tuberculosis cases are well over 150,000 who make up the highly infectious group. Another 150,000 cases make up the extrapulmonary tuberculosis cases, the group that does not transmit the disease. And the sum total would be about 300,000 active cases, he elaborated. What is more, every year not less than 50,000 persons die of the disease as 80 per cent of patients are either relapsed or defaulted cases, it was learnt. Hence, it was a felt need to restructure and revitalize the endeavour, Comrade Moges stated.

To help a national tuberculosis programme succeed, the programme has to be countrywide, permanent, adopted to the needs of the people and be integrated with the community health structure, such as Primary Health Care, he said, adding that the national tuberculosis programme is now geared towards this end.

As part of the restructuring drive, a TB programme integrated with other health services was initiated by way of selecting Addis Ababa as a model, he said. After training 35 professionals and orienting 300 community health agents on characteristics and control of the disease, the integrated programme started to materialize in 1984 in the city. And the result was so successful that only 12 per cent of patients treated were reported to have been defaulters. This is to say that the integrated programme has enabled 88 per cent of the patients to be completely cured of the disease, Comrade Moges noted.

The experience gained from the model project of Addis Ababa is to be implemented step by step on a national scale, he stated, adding that three districts in northern Shoa have already been selected as a first step. This is the area where PHC is already in operation and there is high incidence rate of the disease.

The Programme Head pointed out that considerable efforts were made in order to lay the foundation of concrete national TB control programme. In this connection, a wider range of relevant documents are prepared to be used by the general technical staff and the public at large. In addition, training programmes are organized in order to acquaint medical doctors, health officers, nurses and health assistants with characteristics and control mechanism of the disease.

Since 1984, over 1220 such medical personnel were trained at home and abroad. Through the assistance of the Italian Government, eleven medical personnel are to be trained every year in Italy beginning the current year, he stated. Besides, fund raising campaigns have also helped NTCP to obtain positive responses and secure funds from various governmental and international sources, he concluded.

/12913

Meningitis Outbreak Reported

Health Ministry Officials Interviewed

54000096 Addis Ababa THE ETHIOPIAN HERALD in English 19 Feb 88 pp 1, 5

[Text] Meningitis, a disease that attacks the nerves around the neck and the back of the brain, is reported to have surfaced in African countries located within the Equator.

In an interview by the Ethiopian Television, professionals of the Ministry of Health said that the disease which is caused by ecological disturbances and weather changes spreads as an epidemic. It has been spotted in Cameroon, Niger, Nigeria, Burkina Faso, Morocco, Mali, Chad, Ethiopia and the Sudan.

Comrade Mengistu Mihrete, head of Surveillance for Less Common Diseases at the Ministry of Health, and Comrade Tadelle Tedla, Head of the Department of Epidemiology, noted that meningitis is not strange to the Ethiopian community and was known for a long time although with different varieties. The two health professionals pointed out that it could be prevented through appropriate medical treatment.

The professionals stated that meningitis is contagious and so populous places such as schools, military camps and factories are most exposed to it. The carriers of meningitis are best treated and vaccinated in hospitals.

Meningitis, which manifested itself at international level since 1880, caused deaths of epidemic proportions.

Measures To Contain Disease Announced

Sammmm Addis Ababa THE ETHIOPIAN HERALD in English 20 Feb 88 pp 1, 4

[Article by Makonnen Haile]

[Text] Sweeping measures, topped by vaccinations, are being taken in all parts of the capital city to contain the current outbreak of meningitis. Comrade Tadelle Tedla, head of the Department of Epidemiology, Ministry of Health, told THE ETHIOPIAN HERALD in an interview yesterday.

Comrade Tadelle said meningitis cases are being treated in hospitals and immediate contacts are being given chemo-prophylaxis, adding that active surveillance of cases is being conducted throughout the city. He said high-risk groups, such school children as well as those in kindergartens, prisons and military camps are being vaccinated.

Comrade Tadelle and other health professionals stressed that as the disease is not out of control it is possible to suppress it easily. The professionals said meningitis remained an epidemic problem in Ethiopia, sometimes occurring in small outbreaks and occasionally in epidemic proportions. They are agreed that the present outbreak is of a minor scale.

The health professionals called on the general public not to worry too much about the disease, stressing further that vaccinations are not recommended for the general population as the attack rate is no more than 5 percent. Hence, they said that is why priority is given to the high risk groups. The professionals stated that overcrowded areas and poorly ventilated living quarters create favourable conditions for the spread of the disease.

Meningitis is a disease of the meninges and the brain (cerebro-spinal) caused by a bacteria called Neisseria meningitis.

/12232

KENYA

Bilharzia Effects Many Near Kambu River

Nairobi DAILY NATION in English 24 Feb 88 p 11

[Article by Martha Mbuguss]

[Text] Kambu River in Machakos District gives life to the residents of the area. It also gives them bilharzia.

In a recent medical conference in Nairobi, Dr. G.G. Mbugua of the Kemri Centre of Microbiology Research said that many children residing near Kambu River suffer from bilharzia.

"Nearly all the children in a primary school in Machakos have bilharzia," he said.

Sad as the story sounds, it is true. Out of 269 pupils of Nzoila Primary School, 96.4 percent where infected with bilharzia.

The school which lies over 200 kilometres from Nairobi is surrounded by scrub dryland and scattered homes. Without getting into the compound, one can't know that a full primary school exists.

But life bursts as one enters the compound. In spite of the dryness, the compound is well swept. There is an effort to grow flowers and trees which make the school appear cooler.

The children are joyful and curious. It is quite clear they do not see visitors everyday. As they continue to drink their packets of milk, they greet the visitors and inform them that their headmaster is away. However, their deputy headmaster Mr Benedict Kitaka is present. One pupil says she is very fast and offers to call him.

A very humble Kitaka confirms that children have indeed been suffering from bilharzia but that the teachers and the parents did not know what the disease was until medical officials came. Most thought it was malaria.

What were the symptoms of the disease? Mr Kitaka says children were generally weak. They tended to have swollen stomachs. In one case, he adds, urine of a child was milky.

A routine investigation by the division of Vector Borne disease (DVBD) in the Ministry of Health, Machakos branch, in 1980 suggested that there was a great infection in the area. That led to a follow up study of the infection by examining primary school children. Two schools, Nzoila and Misujuni were identified. Both are near Kambu River, Nzoila being 2 kilometres from the river and Misujuni 7 kilometres.

Suffering of the children had caused lots of concern to the doctors who were examining them as Dr Mbugua pointed out during the conference. This was quite sad especially because the children had not been taken to hospitals. Instead they had been taken to traditional doctors who had only made scars on their abdomens, he added.

Is this true in this time and age? "I understand some of them had documents from Makindu and Makueni health centers," says Kitaka.

Does that rule out the chance of any children having been treated by traditional doctors?

"I cannot rule that out," he says, "many people still go to traditional doctors secretly. It is not possible to know who has been going there and who has not."

One would expect the scars on the abdomen gives away the story of traditional treatment, and that when children are carrying on their physical exercises it is possible to identify who has been scarred.

"It is normal to find such scar on the bodies of almost all the Kamba people," he says explaining that it is not always true that one is sick to have those scars made. Quite often they are made for protection purposes. Say against witchcraft.

But that aside, there are many constrains against going to hospitals. One is the long distances to health centres, and lack of transport facilities. If one has to go to the nearest health centre at Ngwata from the school, he can only be transported by the one or two matatus that pass there on Monday and on Saturday. It is only in these government clinics they can get free treatment.

One of the pupils who had been identified as suffering from the disease said she had suffered since she was in standard two. She is now in standard six. Asked how she has been coping, she said she was taken to Machakos hospital once by her mother. She was given medicine. When she was taking it, she felt better.

"The medicine got finished and my mother did not have more money to take me back. So whenever I feel pain, she nowadays goes to the shop and buys me quinine," she says.

She points at her lower abdomen as the part that pains her.

While we discuss the issue, residents of the area continue to drink and bathe in the water from Kambu river. These animals continue to drink water from the same river. Is it too much to expect the disease to eliminated?"

Says the teachers learn what the actual disease is and how it is contracted, they have been making an effort to teach the children and parents how to avoid contracting the disease.

"We advise them to ensure that they boil water before they drink it, they should also maintain a high standard of cleanliness."

It would be a big relief if a way of controlling the snails that carry the bilharzia was found. Dr Defere Negagh, an Ethiopian specialist in tropical medicine suggested use of indigenous herbs like soap berry plants that kill the snails. He said the plants are toxic to the snails and they do not inhabit rivers or waters where those plants grow.

Here is a problem that needs immediate attention. Hopefully, the Ministry of Health will very soon be in a position to announce they have found a solution."

12232

Hydatid Disease Prevalent in Pastoral Region

Nairobi DAILY NATION TIMES in English
21 Feb 88 p 15

[Text] Kenya has the highest prevalence of hydatid disease in the world. It may soon find an answer to the menace.

Thanks to a recently undertaken scientific research on the disease.

A 3-year scientific study among Kenya's pastoral people of Turkana has established that the drug, Albendazol, could give positive results in the treatment of disease.

The research was jointly undertaken by the African Medical and Research Foundation [AMREF] and the Kenya medical Research Institute [KEMRI].

But according to scientists interviewed at AMREF, Albendazol drug was not new in the field of medicine. It has been used before to kill various intestinal worms, though this is the first time it got to be used in the treatment of hydatid disease in Kenya.

The extensive 3-year research has established that hydatid disease is prevalent among the pastoral people of Turkana because of the community's closeness to dogs, among other domestic animals.

The studies on hydatid disease covered an area of 9,000 square kilometers with an estimated 12,000 people who maintained 8,000 dogs.

Scientist Thomas Roming of the AMREF's Hydatid Department said, "Studies have shown that the prevalence of hydatid disease in man is not related to the number of dogs owned by the ratio of infected dogs to man.

According to Dr Roming and Dr F. Wachira of the AMREF's Hydatid Department, AMREF is currently maintaining a vigorous hydatid programme among the pastoral people of Turkana in the northern part of the country.

"The main thrust of the programme was to give regular dose to the infected dogs while we destroy the stray ones," they said. Approximately 200 dogs exist in the control area and 60 percent of them are dosed every 6 weeks.

/12232

LIBERIA

'Paragonimus' New Disease in Lofa

54000089 Monrovia DAILY OBSERVER in English 27 Jan 88 p 8

[Article by Ephraim Johns, freelance reporter]

[Text] Medical doctors in Zorzor, Lofa County, have discovered a new disease bearing symptoms similar to the deadly disease tuberculosis (TB).

The disease, which doctors in Zorzor District have named "Paragonimus," was discovered in patients found vomitting blood, and who were thought to have contracted tuberculosis.

Dr Mark H. Monson, medical director of the Curran Lutheran Hospital in Zorzor, disclosed that the disease was discovered following intensive medical research and laboratory tests on several patients thought to have contracted TB.

He said that during the laboratory tests at the Curran Hospital, it was discovered that the new disease comes from a virus found in the saliva of patients coughing blood.

Mr Monson disclosed that "Paragonimus," the new disease, is primarily found in individuals who usually eat half-cooked crabs, thus research has shown that half-cooked crabs are the major source of the new disease virus.

However, Dr Monson was quick to advise the public not to panic because the disease can be cured by the administration of what he called "praziquantil treatment."

He said that in some instances, "Paragonimus" virus automatically disappears after it stays in the patient's blood stream for a length of time.

Dr Mark Monson then explained that the disease, "Paragonimus," is not contageous, but is sometimes mistaken for tuberculosis.

The Curran Hospital medical director further noted that the new disease was first detected in February 1980 during a laboratory test conducted on some patients suspected of having TB.

The hospital is noted for its research activities. During one of its researches, the hospital discovered what is today known as "lassa fever," which killed American missionary, Esther Bacon, in 1972.

/9604

NIGERIA

Meningitis of 'Cocktail Strain' Strikes Again

54000086 Lagos THE AFRICAN GUARDIAN in English 4 Feb 88 p 8

[Article by Mike Uhani with Saka Ibrahim in Ilorin: "The Killer 'Cocktail' Strikes Again, Doctors Apprehensive of a Meningitis Epidemic"]

[Excerpts] Once thought as being confined to the parched zone of the savannah north, meningitis is now creeping into the floral south, though, health experts say the disease is yet to assume epidemic proportions in this part of the country. Says a meningitis expert at the St Nicholas Hospital, Lagos: "On average, we treat one or two patients a week during the harmattan period." At HTH, three other cases have also been confirmed. Taciturn health officials in government-owned hospitals in Lagos, refused to comment on whether they have been seeing meningitis cases, but some doctors in the private hospitals agree that the casualty list in government hospitals may be high since they attend to many children.

While the toll of death and illness in the south may be negligible, that of the north presents a frightening picture. About 200 people are said to have died from an ailment suspected to be meningitis between last October and January, in the Jema'a Local Government area of Kaduna State. In the non-meningitis belt of Kwara State, eight deaths have been recorded since the year. Five of the deaths occurred at the University of Ilorin Teaching Hospital (UITH); two at the government-owned Sobi Specialist Hospital, and one at the Civil Service Clinic, Ilorin. The authorities of UITH informed THE AFRICAN GUARDIAN, January 20, that six persons were still being treated for meningitis. The hospital admitted 71 persons for meningitis last year, of which 15 died.

But even more alarming is the discovery that apart from the 5,000 strains of the meningitis bacteria already "catalogued," a new "cocktail" strain of the bacteria has been identified. Reports say that in the last two weeks, the novel strain, has killed nine persons, while 20 others have been hospitalised. Doctors in Nigeria are already apprehensive as the "cocktail" strain is believed to be particularly fatal to children.

Still there is another worrisome aspect. Clinical signs of the disease are becoming so vague that it may be hard to identify an infection until it is too late. To avoid this, an expert in Lagos, counsels that once a case of meningitis is suspected, "You can start treatment immediately and later do confirmatory tests".

The best anti-dote against meningitis, according to Dr Ogunsakin, is vaccination. The chief Consultant, Kwara State Epidemiological Unit, Dr. Joseph Idowu, informed THE AFRICAN GUARDIAN, that last October, 239,000 people in Kwara State were immunised against the disease. At the wake of the recent outbreak, the state unit set up nine centres for mass immunisation. But the exercise might be stymied by inadequacy of vaccines. By last week, Idowu said the unit had only 240,000 doses of CSM vaccines to cover a population of about three million, and has making representations to the Federal Ministry of Health for more vaccines.

CSM is an annual health problem in Nigeria, particularly in the dry north. And it is not that health authorities are unaware of the prevalence of the disease, but as one federal health ministry official explained, the funds to purchase sufficient vaccines are limited.

06662

RWANDA

Malaria Cases Increase; Disease Spreads to Highlands

54000085c Nairobi DAILY NATION in English 5 Feb 88 p 2

[Text] The incidence of Malaria in the Central African State of Rwanda has increased fivefold over the past 11 years as the disease developed resistance to drugs, Health Minister Casimiar Bizimungu said yesterday.

Bizimungu told an international conference on infectious diseases that the incidence had risen from 1,948 cases per 100,000 people in 1976 to 10,331 cases in 1987.

The disease has spread to highland areas where it was previously unknown and is now striking down strong young people who once had some immunity, he added.

The main reason for the increase was the disease's resistance to chloroquine, the most widely used and the least toxic of the anti-malaria drugs, he said.

The Minister described malaria as Rwanda's top public health priority and said its social and economic consequences were more serious than those of Aids (Acquired Immune Deficiency Syndrome), which is also widespread in Rwanda.

"Research work on this problem is extremely urgent ... The developed countries should take the malaria problem as seriously as they have Aids since it first appeared," he added.

Rwanda's Aids control programme had received hundreds of millions of francs (millions of dollars) in foreign funding, while an American-funded campaign against communicable childhood diseases, including malaria, had received only 50 million francs (675,000 dollars), he said.

12913

SENEGAL

National Anti-AIDS Strategy Detailed

54000077b Dakar WAL FADJRI in French 29 Jan 88 p 14

[Text] As the AIDS epidemic unfolds, the weapons used to combat it in certain countries continue to flourish: anti-AIDS tests at borders for arriving foreigners, for pregnant women and for any citizen having spent more than 3 months abroad, and drastic measures against "seropositives" (prison, for example). In Senegal, all this seems to amuse specialists of the disease, who reject anything of a repressive nature, in accordance with the attitude taken by WHO. We are ready to fight, they maintain, but not at any price. For AIDS is a disease like any other. Only a sustained effort, free of sensationalism, can check it. The National Committee, which gives top priority to education, has established a 4-point anti-AIDS strategy: surveillance of the disease's progression, a reduction in sexual transmission, elimination of the risk of transmission via blood products and improved methods for taking charge of seropositive individuals.

09825

1987 AIDS Figures Released

54000077a Dakar WAL FADJRI in French 29 Jan 88 p 14

[Article by Birane Gning]

[Text] In June 1987, during the presentation of her department's budget to the National Assembly, Mrs Marie Sarr Mbodje revealed that 11 cases of AIDS had been detected in our country. Of these 11 cases, 4 had ended in death. Since then, not a word. No additional information was provided to the public, despite its desire to know.

It was not until the Second Annual Colloquium on the Prevention of AIDS and Other Human Viral Diseases, held last 11 and 12 December at the School of Medicine, that it was possible to get an idea of the evolution of the disease in our country. It was during these sessions that the number of officially confirmed cases in our country

was divulged. As of 4 December, 66 cases were confirmed in the principal hospital medical centers in Dakar. Of these different cases, 29 had resulted in death. The others are either still being followed by the health services or have lost touch with them.

Among these 66 cases, 53 were men (predominantly single) and 13 were women (including one 4 year old). Since December however, no new confirmed case has been brought to the attention of the National Committee to Combat AIDS. By confirmed case is meant one in which the virus causing AIDS has been detected by specific laboratory testing, done at the Le Dantec Hospital microbiology laboratory. Thus, there can be no doubt about the cases confirmed to date.

Reassuring Data

What is worrisome, however, is the progression in the number of cases recorded in the space of a few months: 5 cases in December, 1986, 7 in April, 1987, 11 in June, 1987 and 66 in December, 1987. This quantitative leap in one year leads Professor Abdourahamane Sow, of Fann Hospital, to believe that the disease is indeed among us: "the official cases seem to be only the tip of the iceberg."

Recommendations of caution, in this period of "relative calm", cannot be far behind. According to Professor Mboup, head of the microbiology lab of Le Dantec Hospital, "we are living at what is the beginning of an epidemic. For each case of AIDS that is detected, there are 10 to 100 seropositive people." However, on the basis of certain epidemiological data, the two physicians were anxious to be more reassuring.

First of all is the fact that the majority of known patients were infected abroad. Next is the situation "very specific to Senegal and West Africa" in which HIV1, the causative agent of the disease, is found less frequently. There is a greater prevalence of another retrovirus (the HIV2 group), whose link with AIDS is much less well-established at the present time. Professor Souleymane Mboup considers this a key point in following the situation. Global study of the entire population shows that the prevalence of HIV1 is very low (0.5 percent), while the HIV2 group accounts for 4.6 percent.

However, the situation varies from one study group to another. Thus, in control groups (subjects who are healthy or have no illnesses linked with the AIDS virus) HIV1 accounts for only 0.1 percent, while HIV2 occurs 0.5 percent of the time, for an overall prevalence of 0.6 percent. In high-risk populations (prostitutes), the very high overall prevalence (16 percent) was distributed as follows: 0.4 percent were HIV1 and the remainder HIV2. All these figures, however, vary from one region to another.

The epidemiological picture of the disease thus seems favorable in some respects for our country. This does not mean there is no risk of a breakout of the disease, especially since many points have not yet been totally mastered in the study of AIDS. There is no lack of benchmarks, however, in the fight against AIDS in Senegal. Even though some specialists ruled out early on a rise in prostitution as a situation likely to promote the development of AIDS (more than 50 consultations a day at the central files), the fact that the Senegalese travel more and more and that our country is open to all influences lead us to believe that such factors are not at all negligible in its spread. The important point is to avoid making a total abstraction of the possibility.

The national multidisciplinary committee set up last October, 1986 has already launched its offensive. It will soon kick off the educational phase of its drive, made possible through emergency funds provided by the World Health Organization (WHO), USAID, the French Cooperation agency and the Dakar-Tours-Limoges-Boston inter-university agreement. The question is whether this committee has the means to carry out a real anti-AIDS policy. According to Professor Mboup and Dr Ndoye, the resources will be made available. Thanks to the national program to combat AIDS set up by the state and approved by WHO, a funding meeting is scheduled for the 15 and 16 February with moneylenders interested in the question. Thus, even though the state has not "mobilized" a dime since the national committee was formed, it still made possible contact with the financiers who will provide the wherewithal for conducting the anti-AIDS campaign.

The fight against AIDS is not a super-priority compared to other health programs. In the opinion of Mrs Marie Sarr Mbodje, expressed during a debate in the National Assembly, AIDS is not the only battle to be fought. There are also the other illnessess, particularly childhood ones, which are greater killers than AIDS. Professor Sow, however, is unequivocal: if care is not taken, in 5 to 7 years from now, AIDS will kill more people than measles and tetanus.

AIDS is among us. Only a national effort will conquer it.

09825

SOUTH AFRICA

Johannesburg Anti-AIDS Campaign Underway

S4000085h Johannesburg BUSINESS DAY in English 25 Feb 88 p 1

[Article by Elsabe Wessels]

[Text] A large-scale campaign to combat the spread of AIDS in Johannesburg—home of 62 percent of SA's AIDS cases—has been given the go-ahead by the city council.

A motion calling for a campaign of sex education, condom machines in public places, the testing of prostitutes and escorts, and for AIDS to be declared a notifiable disease, was put forward by PFP councillor Molly Kopel at Tuesday night's meeting and unanimously accepted.

Kopel said 62 percent of all AIDS cases in SA were in Johannesburg.

She called for a government commission to investigate and report on the incidence of AIDS among employees of escort agencies and prostitutes.

She proposed controlled testing and called for local authorities to exercise control over escort agencies.

"It is absolutely essential for AIDS to be made a notifiable disease with guaranteed confidentiality. World figures have shown there are 10 carriers for every one diagnosed AIDS victim," Kopel said.

World Health Organisation figures showed America and Britain experienced a 40 percent increase in AIDS last year and that should be a warning to SA, she added.

/12913

Three More People in Durban Area Develop AIDS

54000090a Johannesburg SOWETAN in English 3 Mar 88 p 2

[Text] Three more people in the Durban area have developed full-blown AIDS, Prof Dennis Pudifin, a member of the National AIDS Advisory Group, said yesterday.

One is a black man, and the other two are white and they are all from the Durban area.

"They are not sick, and they have not been admitted to hospitals."

He said two other people had shown positive in the test for the anti-body against the AIDS virus.—SAPA

/06662

Government's Recently Launched Anti-AIDS Campaign Seen as Inadequate

54000090b Johannesburg FINANCIAL MAIL in English 26 Feb 88 pp 62-63

[Text] Latest figures (January 1988) show that 76 people in SA—most of whom face certain death—are infected with the AIDS virus and approximately 10,000 are carriers. And, on the surface, government appears to have conceded that the recently launched R1m anti-AIDS ad campaign is inadequate to curb its spread. Says National Health spokesman George Watermeyer: "It is a drop in the ocean."

Watermeyer, who spoke on TV's Netwerk, admits that warnings against AIDS should be strengthened and repeated. He invites business and other organisations to participate in (and, probably, donate towards) the campaign.

The campaign is more than a little miserly by comparison with the militarys which Pretoria was prepared to spend on the now notorious Info song. Nor can it compare with expenditure by other nations. In Britain, for instance, PM Margaret Thatcher allocated more than R100m in 1985 for a national campaign that included 1,500 giant billboards across the country; a 23m leaflet mailing to households, schools and pharmacies; a 24-hour AIDS "health line"; and explicit videos aimed directly at students. British television networks chipped in with more than R6m worth of anti—AIDS programmes.

Australia hit the headlines in 1986 with its multimillion dollar government-sponsored ad showing the Grim Reaper bowling over a rack of human ten-pins. It generated 13,000 calls to an AIDS hotline in its first week and was so shocking that parliament debated banning it because it was terrifying children.

America hesitated before plunging into the anti-AIDS war, because of disagreement over the approach. Conservatives wanted to stress sexual abstinence, while liberals wanted intensive sex education. Since 1985, however, the US government has spent tens of millions on a multi-layered approach to people of all nationalities and educational levels within its complicated melting pot society.

SA, always a later starter, is only now getting into gear. Watermeyer defends government's delay in addressing the issue. "It is to our advantage that we were able to learn from the international campaign," he told TV viewers. In the rest of the world the early start to the campaign could have been a question of "too early, too heavy," says Watermeyer. He also thinks that the explicit nature of international campaign could have resulted in resistance.

Yet, after waiting for years to get into gear, the South African campaign is expected to bring an overnight response.

Says media director Albert Botha, of McCann de Villiers, which landed the account: "Tenders were put out in November last year and about 30-odd agencies presented. That was trimmed down to four finalists and we were advised on December 4 that we would do the campaign. There was no Christmas or New Year for any of us, because we just had to get it ready for January."

He says the media have helped by giving space and time either free or at discounts. "Everybody wants to see this campaign given the widest possible coverage, so they're all trying to give it a push."

The ads are aimed at educating rather than frightening and pay due regard—perhaps too much—to the sensitivities of conservatives. The campaign has already been criticised from various quarters in that it does not sufficiently address those groups more prone to infection, male homosexuals in particular.

Prof Johan Heyns, moderator of the NG Kerk, told the FM that he was shown the documentation relating to the proposed campaign by a National Health official prior to the launch. He had no ethical or moral objections. As for propagating the use of condoms in ads—until recently a taboo subject—Heyns says philosophically: "It looks like the lesser of two evils to me."

In government circles there had been, and continues to be, a strict ban on the focusing on homosexual activities. The ads, therefore, only broadly warn against "sleeping around." Yet a recent study of more than 1,000 women at West London Hospital showed that the risks of contracting AIDS from normal heterosexual sex are minimal. A study published in the BRITISH MEDICAL JOURNAL said that AIDS in Western countries was so far confined largely to homosexual men.

Perhaps the campaign should in future be addressed to those specific groups—regardless of puritanical objections. And perhaps the use of condoms among homosexual inmates should be sanctioned by the Department of Prisons.

Government actually has no option if it wants its anti-AIDS campaign to have any real effect. And the money has to be kept coming, too, and the target market has to be expanded to include AIDS-related education in schools.

Like it or not, government is going to have to deal with AIDS for the foreseeable future. It has not got off to a good start.

/06662

AIDS Awareness Television Campaign Launched

54000085a Cape Town THE ARGUS in English 3 Feb 88 p 3

[Text] SABC-TV's Aids awareness campaign was launched last night.

An advertisement was screened after 9 pm on TV1 after a week of teaser advertisements.

"It is early days for reaction but we must be realistic and we do expect some," said an SABC spokesman.

The advertisement will be shown on all TV channels, but at different times. It will appear on TV1 and TV4 after 9 pm and on TV2 and TV3 between 7 and 9 pm.

The advertisement, in 30 and 60-second versions, is part of a campaign involving TV, radio and the Press, according to the SABC spokesman.

It advises the use of condoms, but they are not shown on the screen. They are also mentioned in the radio version.

The SABC spokesman said the advertisement was "not a condom commercial but an Aids awareness campaign including a possible method of control."

The teaser advertisements featuring the words "Kevin loves Jane"—and other girls—was about promiscuity.

The spokesman said the TV and radio campaign was not a public services announcement but paid for and contracted.

/12913

TANZANIA

Cassava Mealy Bugs Spread

54000093b Dar es Salaam TANZANIA DAILY NEWS in English 12 Feb 88 p 1

[Text] Despite efforts by peasants to uproot and burn infested cassava plants, mealy bugs are still on the increase, invading new fields, a survey by the DAILY NEWS in several villages in Dar es Salaam has shown.

At Mbezi Village, about 16 kilometres from the city, a peasant, Katarina Luhende, uprooted one third of her cassava in her infested shamba. She was dealing with bugs at different stages of growth including tiny eggs.

"I don't know what else I should do. These insects started invading my shamba 2 months ago. Look at all these tubers. They have wounds and they are unfit for eating. What shall we do?" she asked as she continued to uproot more plants.

An agricultural expert said such efforts could not be helpful unless the heap of infested plants was burned immediately to prevent bugs from being blown by wind to healthy plants.

"All healthy plants should sprayed with pesticide (phenthoate or rogor) to kill any remaining bugs," he said.

At Chanika Village in Ilala District, a peasant, Ndugu Mohammed Mtilili, said he noticed his cassava plants drying up from top to bottom last November and "I thought it was due to the general drought in the area. Now I know it is bugs because I see them." He has lost half a hectare.

The bugs have also been spotted in Mbagala, Mission Msalabani area, in Temeke District.

Meanwhile, the bugs spotted in pineapples in some farms around Dar es Salaam are not the same as those currently affecting the cassava plants known as cassava mealy bug, it was clarified on Tuesday.

The assistant commissioner in the Ministry of Agriculture and Livestock Development, Ndugu Albert Mushi, told SHIHATA on Tuesday that the mealy bugs only feed on cassava plants and not on other species of plants.

He said that the pineapple bugs were known to Tanzania and that their destruction effect was insignificant.

There was a growing fear among pineapple growers around Dar es Salaam that the mealy bugs were attacking their crop.

Farmers in Madale and Boko areas had complained that their pineapples were being attacked by mealy bugs. The bugs were spotted recently in Boko.

The assistant commissioner said that even the wasps ordered from Nigeria for the biological control of cassava mealy bugs would only be effective for the cassava mealy bugs and not other types of bugs.

/12232

Army Worms Invade Mtwara District

54000093a Dar es Salaam TANZANIA DAILY NEWS in English 13 Feb 88 p 3

[Text] A swarm of army worms have invaded a total of 100 hectares of farm land in Mtwara Urban district causing minor damage to crops and pastures, the Regional Agricultural and Livestock Development Officer (RADO), Ndugu Abdallah Mwenkalley, has said.

He told SHIHATA yesterday in an interview that the invasion occurred on 3 February around the Naliendele Agricultural Institute and from there the worms quickly spread to the areas of Likonde, Kihanga, Shangani, Ziwani, Mbae and Railways.

Ndugu Mwenkalley who described the invasion as "mild" said his office was mobilizing resources to fight the worms, adding that so far several agricultural experts from the district and regional offices had begun spraying the affected areas to kill the army worms.

He also said that the regional office had ordered for a consignment of 8,000 litres of a chemical called "fenitrihion" from the Ministry of Agriculture in Dar es Salaam to be used in spraying infested areas in the district.

Other items ordered from the ministry also included one carton of torch batteries to be used in spraying machines known as the ulu.

Ndugu Mwenkalley called on people in other areas of the region to report to nearest agricultural offices soon on spotting the worms in their areas.

He said that so far Newala, Mtwara Rural Districts have not been affected by the worms.

/12232

ZIMBABWE

AIDS Counseling Group Lacks Financial Support

54000100 Harare THE FINANCIAL GAZETTE in English 26 Feb 88 p 7

[Text] Mutare's pioneering achievement in setting up the country's first voluntary organisation to counsel and guide any and all Aids-positive victims and their families has so far reached much applause—but comparatively little financial support.

Known as the Family Aids Counselling Trust (FACT) and headed by a Mutare medical practitioner, Dr Geoff Foster, with the help of volunteers and a dozen churches, FACT is facing big problems in trying to tackle the many calls for assistance it is received.

As reported in the GAZETTE last month, it has been estimated that about 5,000 of the 80,000 people in Mutare have been found to have the Aids-positive virus in their blood.

FACT, which is open to all, exists to offer help, guidance and hope to all these frightened people, as well as educating their families and friends on how to cope with the growing problem, and how to avoid contracting the disease.

But this will take far more money than is at present coming in.

Ms D. Margesson, the finance officer and fundraiser in Mutare, said this week that the most urgent need now was for finance and that formal letters of appeal for donations are being sent out throughout Zimbabwe, in order to set up an office and counselling rooms/information centre in Mutare.

"Once these modest facilities are established in Mutare, it is envisaged that similar groups will be started in all main centres throughout Zimbabwe, and it is planned that all finances will be held in central holding accounts to be used for future expansion."

Any monies donated to FACT can be sent to the organisation, P O Box 970, Mutare, or to Ms D Margesson at P O Box 16, Juliasdale.

/9274

Tsetse Control Technique Uses Cattle as Living Traps

54000100 Harare THE FARMING GAZETTE in English 4 Mar 88 p 23

[Text] Tsetse-fly control in Zimbabwe is moving into a new phase with the acceptance of a relatively new technique as an integral part of control programmes.

Complementing aerial and ground spraying and the odour-baited trap is the use of cattle themselves as living traps to lure the fly to its destruction.

The simplicity and practicability of the concept of using a cattle dip harmful to flies as well as ticks in tsetse-infested areas is immediately evident. The technique uses a dipping programme already in place, and no costly supporting infrastructure is necessary.

On the initiative of Dr Alex Wilson, technical advisor to Cooper (Zimbabwe) Ltd, the synthetic pyrethroid deltamethrin was tested on 330 head of cattle in Chesa, a tsetse-infested area, in 1984. The results claimed was the halving of the incidence of trypanosomiasis among these cattle compared to those at adjoining diptanks.

Experiments

A subsequent experiment at National Parks' Rukomechi Research Station showed that after dipping with deltamethrin virtually all flies alighting on an ox were killed for the following 11 days, and for a further 52 days, 75 percent of those alighting were "knocked down". Knock-down is equivalent to mortality in Nature, since predators usually account for immobilised flies.

An extensive field trial was then carried out by the Field and Tsetse Control Branches of the Department of Veterinary Services, in an area of 2,500 square kilometres on the north eastern border with Mozambique.

With a heavy tsetse infestation in neighbouring Mozambique, and a cleared are to the south and west, the trial area was considered ideal to demonstrate the potential of dipping as a barrier to the fly re-invading cleared areas.

Twenty thousand cattle were treated at 13 dips in the area for a year, using Cooper's Decatix which is based on deltamethrin.

By the end of the first trial period in mid-1987, trypanosomiasis infection among the cattle had apparently been eliminated in the larger part of the area, and was reduced to a low level in areas adjacent to Mozambique where tsetse re-invasion could be expected.

The effectiveness of the product in the control of tsetse populations was thus established. Fly catches in the area using recorded primarily in cattle-free zones.

Reduced numbers of positive cases of infection continue to be recorded at border centre, but it is most significant that the dipped cattle population is acting as a barrier and preventing re-invasion of tsetse flies to the west.

9274

SOUTH KOREA

Outbreak of Influenza Reported in ROK

Seoul YONHAP in English 0052 GMT 1 Apr 88

[Text] Seoul, April 1 (Yonhap)—South Korea's Health and Social Affairs Ministry issued a nationwide warning Wednesday against Taiwanese-type influenza A. The warning followed an epidemiological survey of general hospitals in Seoul and pusan which found that out of 84 persons hospitalized for respiratory problems, two subjects were infected with the influenza. Taiwanese-type influenza A, with such symptoms as severe coughing, fever, headaches and chills, has recently been widespread in such foreign countries as Singapore, Malaysia, Italy, the United States and Switzerland. The influenza was widespread in Taiwan in 1986. The elderly and children between the ages of five and 15 are susceptible to respiratory diseases caused by the influenza, the ministry said.

VIETNAM

Insect Infestation Reported

BK1910000 Hanoi Domestic Service in Vietnamese 1100 GMT 18 Mar 88

[Summary] Due to prolonged cold weather, ground beetles have appeared on winter-spring ricefields with a relatively high density. The Vegetation Protection Department has, therefore, suggested that all provinces and cities launch a drive to prevent and stamp out these insects, using both manual methods and insecticides.

Insect Infestation Reported Nationwide

BK0309235 Hanoi Domestic Service in Vietnamese 2300 GMT 4 Apr 88

[Summary] "Rice blast has flared up, causing widespread damage to 5th-month spring rice in northern provinces. The percentage of rice areas affected by the blight is relatively large: about 10-20 percent." In Nghe Tinh, Thanh Hoa, and Binh Tri Thien Provinces, the blight has ravaged roughly 10,000 hectares of rice with Nghe Tinh alone accounting for 6,500 hectares.

A total of "over 37 metric tons of rice bugs have been caught in Thanh Hoa and Nghe Tinh Provinces." It is reported that the "root suffocation disease is also inflicting widespread losses to low-lying, acrid soil-based rice areas in various northern provinces." Rice gall flies are ravaging 7,000 hectares of rice in Binh Tri Thien where 100 hectares of rice have been completely wiped out.

"In southern provinces, baby leaf rollers are doing harm to 66,000 hectares of winter-spring rice" and "have concentrated mainly in An Giang, Dong Thap, Kien Giang, and Tay Ninh." The average density of insect infestation in these areas is 1-2 insects at least and 5-10 insects at most per square meter.

"In the days ahead, it is going to be overcast, the rice blast will develop vigorously and will do great harm to a number of localities", while "baby leaf rollers, floating worms, rice blast, and aphelenchoides oryzae will ravage late-planted winter-spring rice in southern provinces."

It is proposed by the Vegetation Protection Department and the Ministry of Agriculture and Food Industry that northern provinces inspect and spray insecticide in ricefields to prevent rice blast and use scoop-nets to catch baby leafrollers in early-planted 5th-month spring ricefields coastal areas. Meanwhile, southern provinces must continue to eradicate brown leafhoppers, white-backed rice planthoppers, aphelenchoides oryzae, and other insects and blights in late-planted winter-spring ricefields.

BRAZIL

AIDS Incidence Climbs in Sao Paulo Interior

S4002013b Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 Mar 88 p 12

[Text] Campinas State Agency—The AIDS cases reported in the interior section of the state are increasing beyond the official expectations, with an 18.5 percent rise, according to the latest survey made by the Regional Health Office (ERSA) of Campinas, for the period from July 1982 to December 1987, in comparison with the data published by the agency last November relating to patients with the disease already established, without considering cases of positive serology not yet showing clinical manifestations. With the month of December included in the investigation, the number of cases rose from 71 to 87, without taking into account those not yet showing all the symptoms of the disease. The data provided by the Epidemiological Vigilance Department also report the occurrence of 55 deaths, 28 of which were in Campinas alone.

ERSA explains that these figures do not yet record the possible cases occurring in January and February, and therefore they do not depict the current situation. During November, 71 AIDS cases were reported in the region's 83 municipalities, with 49 deaths, and 35 cases in Campinas, where 80 percent of the patients (28) died.

The coordinator of the Vigilance Department, Carlos Eduardo Abrahao, considers these figures "data subject to revision," owing to the difficulties in procuring notification of the cases. As of last month, the notifications reported the existence of 80 persons with positive serology, including 61 in Campinas. This month, ERSA will publish another survey updating the progress of the disease in the region.

Males are still the ones most afflicted with AIDS (according to the research pertaining to the period from July to December of last year). Most of the cases relate to homosexuals (33 cases), and bisexuals (24 cases). In the region, the cases of AIDS contracted through injectable drugs have not exceeded seven, while hemophilia is responsible for three cases, and transfusion , for only one.

2909

First Malaria Case in Rio Grande do Sul in 30 Years Reported

S4002013c Sao Paulo O ESTADO DE SAO PAULO in Portuguese 4 Mar 88 p 12

[Text] Porto Alegre State Agency—The worker, Alvarino Lopes, aged 34, an employee of the Amadeu Rossi arms factory in Sao Leopoldo in Greater Porto Alegre, contracted malaria without having left the state. This is the first case of an outbreak of the disease in Rio Grande do Sul in the last 30 years. Malaria has a major incidence in Amazonia, and is transmitted by a mosquito of the Anopheles species which is divided into several categories. One of them, kerteszia, transmits the disease but does not exist in Rio Grande do Sul.

Romeu Baldissera, director of the Epidemiological Control Division of the Secretariat of Health and Environment (SSMA), claims that, in principle, there are only two possibilities. Since the patient did not leave the state, he may have been bitten by an Anopheles mosquito which had previously bitten someone with malaria, or else he may have been bitten by that same type of insect which came with a shipment of lumber from Paraguay. Alvarino works in a section that receives many lumber shipments from northern Paraguay, a region in which there is a high incidence of malaria.

Baldissera says that the secretariat is conducting an epidemiological survey to ascertain whether Alvarino contracted malaria through transmission from a mosquito existing in the state or outside of it. The worker's life is not at risk, he is confined in the Porto Alegre Holy House of Mercy, and the disease was diagnosed on 17 February. Two weeks before the confirmation of the malaria, Alvarino had chills and fever. The treatment is given with quinine and chlorophene.

Romeu Baldissera stressed that this isolated case "does not have epidemic features." He also notes that, although the kerteszia mosquito does not exist in Rio Grande do Sul, "this fact will now have to be checked accurately."

2909

Deaths From Leptospirosis on Rise in Rio de Janeiro

S4002013a Rio de Janeiro O GLOBO in Portuguese 1 Mar 88 p 15

[Text] Yesterday, with the deaths of 6 more persons in the state, who were victims of leptospirosis, the number of fatalities since the appearance of the outbreak increased to 29. A total of 527 cases has already been reported and, according to the Health Secretariat, that number is due to double, particularly in the municipality of Rio, because it has now been 10 days since the last rainfall, the average time that the disease takes to manifest itself. There are 429 beds in 20 of the city's hospital units occupied by patients infected with leptospirosis, found in rat urine and diluted in the floodwaters. As of last night, 89 patients had been discharged, and will receive clinical treatment at eight triage stations set up yesterday by the Health Secretariat.

Directors of 20 Rio hospitals met yesterday with the state undersecretary of health, Antonio Ivo de Carvalho, at his office, and discussed methods for preventing the

death rate from rising (it stands at about 5 percent and is considered low), such as providing early treatment for patients and making available at least 100 additional beds by the weekend.

The undersecretary remarked: "We are preparing to treat up to twice the number of cases already reported during the next few days."

The clinics, in addition to monitoring the patient who has been discharged, will be responsible for accelerating the triage process, directing patients, depending on the seriousness of the cases, to units which are properly equipped and capable of treating them. The hospitals, which have been ready since yesterday to give clinical treatment to victims of leptospirosis, are the Sao Sebastiao State Institute of Infectology, the Foundation University Hospital, the Bonsucesso General Hospital, the Pedro Ernesto Hospital, the Lagoa Hospital, the Posse Hospital, the Antonio Pedro Hospital, and the Petropolis Faculty Hospital.

Last night, the secretary of health, Jose de Carvalho Noronha, and the director of the Epidemiology Department, Diana Maul, submitted a report to Governor Moreira Franco containing the information discussed at the meeting. According to the maps and charts submitted, the Rio Lowlands account for 55.9 percent of the cases reported by late yesterday afternoon. Of that total, 23.6 percent were reported in Nova Iguacu, the municipality with the highest rate in the Lowlands. The municipality of Rio, with 26 percent of the total patients suffering from leptospirosis, is the area of greatest concern.

Diana Maul commented: "We have observed a tendency of the disease to decline in the Lowlands, where most of the carriers of the virus have already shown the disease. In Rio, the reports indicate that the cases are tending to increase."

She claimed that the governor is concerned about improving the garbage collection in the municipalities stricken by the rain.

The secretary remarked: "Garbage accumulation fosters the proliferation of rats. The governor has said that he intends to talk with the mayors of stricken areas, to request more effort in the work done to clean the urban centers."

HUAP Has Beds But Lacks Personnel

Niteroi now has over 10 cases of leptospirosis. If that number increases as anticipated, the patients will have to be sent to Rio, overcrowding the city's hospitals even further. The Antonio Pedro University Hospital (HUAP), the only one in Niteroi equipped to treat victims of infectious parasitical diseases, has problems in controlling the epidemics. Although it has 10 available beds, it cannot assign them to patients with leptospirosis unless it receives a reinforcement of 23 nurse's aides.

The Antonio Pedro DIP [Infectious Parasitical Disease Department] has 25 beds, but only 14 are occupied by the 7 patients with leptospirosis, 3 by patients with AIDS, 2 with meningitis, 1 with serious whooping cough, and 1 with leprosy. To open up another 10 beds for leptospirosis patients, the DIP chief, Ralph Antonio Xavier Ferreira, and the chief of the Medical Clinic Department, Walter Tavares, propose as a solution the transfer of 23 employees from the Azevedo Lima State Hospital (which is semi-deactivated). But the Azevedo Lima's general director, Marco Antonio Gomez Andrade, claims that the hospital, which has 400 employees, is not equipped to move 23 nurse's aides to the Antonio Pedro. However, he added that the possibility of providing 10 beds to receive chronic patients from HUAP is being studied.

2909

SUCAM Alerts to Dengue Epidemic Threat in Sao Paulo

[Brasilia O ESTADO DE SAO PAULO in Portuguese 4 Mar 88 p 12]

[Text] Brasilia State Agency—"We have a new dengue epidemic imminent, mainly in Sao Paulo." This warning was given yesterday in Brasilia by the superintendent of Public Health Campaigns (SUCAM), Joselio Carvalho, during the opening of the national campaign to combat dengue. He claims that, in the state of Sao Paulo alone, there are 211 municipalities infested with the Aedes aegypti mosquito, which transmits the disease.

Upon launching the campaign, Health Minister Borges da Silveira remarked that it would be conducted through radio, television and newspapers, as well as with ads and pamphlets that will be distributed in gas stations, bars, supermarkets and buildings. With the campaign, the ministry is attempting to reduce the effects not only of dengue, but also of yellow fever, which is afflicting several states as well.

In the case of dengue, the SUCAM superintendent noted that 1.2 million Brazilians were stricken with the disease in 1986 and 1987, and the presence of the mosquito was reported in 400 Brazilian municipalities. He claimed that the transmitting mosquito arrived in Brazil about 1977, infesting Maranhao first.

The ministry is also concerned about the epidemics of dengue and yellow fever that have been occurring in neighboring countries, particularly Paraguay. Under these conditions, it would suffice if the virus reached a Brazilian area infested by the mosquito to trigger a contamination, exacerbating the current situation.

Carvalho claims that, since the second half of last year, Brazil has not recorded another case of dengue. He disclosed that there is an epidemic of dengue and yellow fever in Peru, Bolivia and certain African countries that have very close ties with Brazil, including daily flights, facilitating the entry of the virus into the country.

2909

COSTA RICA

AIDS Cases Reported

54002017a [Editorial Report]—San Jose LA NACION in Spanish on 11 March 88 carries on p 18A a 270-word report stating that six AIDS cases were diagnosed in February, which brings the 1988 total to 10. According to Minister of Health Dr Edgar Mohs and Assistant Director of the Epidemiology Branch Dr Leonardo Marsaghello, 3 of the 6 February cases were infected in Costa Rica while the remaining 3 were infected abroad. Of the 60 total cases, 5 were homosexual and 5 were heterosexual. Their ages ranged from 20-49 except for one aged 73. More cases have been diagnosed thus far in 1988 than were diagnosed from 1980 to 1985. In 1986 there were 11 cases while in 1987 there were 23. Dr Mohs stated that this is an indication that the AIDS epidemic is spreading faster in Costa Rica than originally thought. The majority of those infected are homosexual.

Sexually Transmitted Diseases Down

54002017b [Editorial Report]—San Jose LA NACION in Spanish on 12 Mar 88 reports on p 1B that since 1983, when the first information on AIDS was received, there has been a reduction in the number of reported cases of sexually transmitted diseases. Figures from the Ministry of Health show that in 1983, out of a population of 1,980,880, there were 121.3 cases of syphilis, gonorrhea 429.7, chancroid 30.9, nongonorrheal urethritis, 97.3, and penicillin resistant gonorrhea 13.8. In December 1987 the corresponding figures were 48.01, 174.06, 26.23, 65.88, and 9.9. The statistics show that most of the cases occur in urban areas in the 19-45 age group.

BANGLADESH

Tuberculosis Reported Spreading Fast Throughout Country

54500118 Dhaka THE NEW NATION in English 10 Feb 88 p 2

[Article: "90,000 Die of TB Every Year"]

[Text] Jhenidah, Feb 8: About 1.1 lakh people of the country are being attacked with tuberculosis while 90,000 die of this disease annually in the country.

Competent sources close to tuberculosis control programme revealed about 500,000 people had been suffering from tuberculosis throughout the country. Of them, 4.5 lakh have been suffering from pulmonary infectious tuberculosis.

Measures undertaken either by the government on other private health care organisations for preventing TB are too few to do the needful meanwhile, the disease is spreading fast in various places of the country.

The exact magnitude of this dangerous disease was revealed in the National Prevelence Survey conducted in 1964-66. According to the survey four per cent of the population in Bangladesh was suspected of TB cases, five per cent of them suffering from open infections tuberculosis. At the age of 14 years, 45 per cent of people get infected with tubercle bacilli and 58 per cent get infected with tuberole bacilli.

A study regarding tuberculosis conducted recently shows that seven out of 1,000 persons had been suffering from pulmonary infectious TB in 1966.

But the facilities for treatment of TB patients are too meagre to cope with the requirement. Only 966 beds in different hospitals in the country are allotted to the TB patients. Out of the total beds, there are 400 beds in IDCH, Mohakhali, Dhaka, 150 beds in Rajshahi TB Hospital, 100 beds in Khulna, 100 beds in Chittagong, 56 beds in Sylhet and 160 beds in eight other TB hospitals in the country.

In addition, there are 44 TB clinics at district-levels, which are not equipped with adequate amenities.

The disease is mostly prevalent in rural areas where people can hardly avail of treatment as most of the TB hospital and clinics are situated in urban areas.

A source of the TB control Programme said, establishment of TB clinics at union level is vitally needed to successfully control the disease. The source added that an integrated TB control programme was undertaken by the government but due to administrative lapses, the programme could not be implemented.

The sources said, medicines worth Tk 1.5 crore are required to arrange treatment for TB patients whereas only Tk 35 lakh are now being spent for the purpose.

/12223

INDIA

Minister Gives End-1987 Statistics on Aids

54500115 New Delhi PATRIOT in English 88 p 5

[Excerpt] Only 15 full-blown cases of Acquired Immune Deficiency Syndrome (AIDS) have been detected in India till 1 January this year of a total of 222 cases reported so far, reports UNI.

Minister of State for Health Saroj Khaparde told the Rajya Sabha on Wednesday that the full-blown cases included eight Indians, one non-resident Indian and six foreigners.

The evidence collected so far suggested that the eight Indians who had succumbed to the disease contracted it during their stay abroad.

Ms Khaparde told Mr V. Narayanswamy and Mr B.D. Chandre Gowda that in view of this, the number of AIDS cases in the country was very small.

The minister said the eight full-blown cases so far in India wee two each from Maharashtra and Punjab, and one each from Andhra Pradesh, Jammu and Kashmir, Gujarat and Uttar Pradesh. One case reported recently from Karnataka was still being examined.

The minister said no vaccine had been introduced any where in the world so far to fight this disease.

Health Minister Motilal Vora told Mr Aladi Aruna and Mr Rauf Valiullah that the first case of suspected AIDS in the country had been detected in Tamilnadu.

/12232

Prevalence of Tobacco-Related Cancer Discussed

54500117 New Delhi PATRIOT in English 21 Feb 88 p 5

[Text] More than eight lakh people die prematurely due to tobacco related diseases in the country every year. The total tobacco chewing and smoking population in the country is about crore. And with widespread malnutrition the susceptibility to tobacco-related cancer in India is greater.

Considering that tobacco use is the single preventable cause of premature mortality and morbidity the world over, speakers at a public meeting on 'Tobacco Epidemic' in the capital on Saturday stressed the need for mass education campaigns.

The meeting, organised by the National Society on Tobacco and Health (NSTH) discussed at length the magnitude of damage tobacco causes to vital organs like the heart and the lungs and what measures should be taken to combat the problem.

In his inaugural address, former Union Minister Dr Karan Singh pointed out that legislations against smoking had been reduced to a total farce. Bringing out full page advertisements to promote a new brand of cigarette is, according to the laws, a criminal activity. The advertisers, however, get away with it by carrying the statutory warning. But the warning is hardly noticeable. Why has not there been any outcry against this so far, Dr Karan Singh asked.

Pointing out that one individual out of every 1000 develops cancer due to tobacco smoking, chewing or eating, Dr Usha Luthra from the Indian Council of Medical Research said 33 percent of such cases are preventable.

Dr Luthra said that even sleeping with betel or tobacco quid in the mouth enhances the risk of cancer 22 times. Tobacco intake is not a habit but and addiction and if cost effective primary prevention is started today, the results will show only after 10 to 15 years, she added.

Lauding the role of the National Cancer Control Programme being run in states including Tamilnadu, Maharashtra, Karnataka, Manipur and Mizoram since 1984, Dr Luthra suggested that besides multi-disciplinary health education campaigns, effective legislations and a regular price increase for bids and tobaccos could help in tobacco control.

Dr Khaleel Ullah, head of cardiology department, G B Pant Hospital, talked about how cigarette smoking increased the risk of and leads to heart attacks and cardiac death. Smoking also worsens the conditions of angina patients and causes peripheral vascular diseases which narrow the blood vessels and lead to frequent muscle cramps in hands and feet, he said.

Dispelling the notion that pipe smoking is an alternative to cigarette smoking, Dr Khaleel Ullah said pipe smokers have a higher mortality rate. 'There is a tendency to inhale deeper and the nicotine and carbon monoxide intake causes irregularities in heart beats,' he explained. Fat mobilization, decrease in level of cholesterol leading to hardening of arteries are other harmful effects of tobacco smoking, he noted.

Dr Prem Sobti, NSTH president, flayed the government's policies which gains Rs 950 crore every year from national and international markets through tobacco production. India is the third largest tobacco producing country, with 44 crore kg annually. But this should not be termed as an economic gain and if so why not produce other poisonous substances like hashish and opium too, Dr Sobti pointed out.

Observing that legislation is not really practicable, Dr Sobti recommended a partial ban and voluntary restriction on tobacco manufacturers and consumers. He called upon all people to observe 7 April as 'No Tobacco Day.' "Resist smoking and throw away all your fancy lighters and ashtrays to make a beginning," he pleaded.

Summing up the deliberations, former diplomat I K Gujral said a 'counter tobacco culture' needs to be built up immediately by inserting small capsules on TV. Banning of smoking in public places and parks, a law banning tobacco products, hoardings and advertisements and publication of cartoon books against smoking by CBT and NBT were the other recommendations.

/12232

Meningococcal Meningitis Breaks Out in Bombay

545(0)14 Bombay THE TIMES OF INDIA in English 29 Feb 88 p 3

[Article by George Abraham]

[Excerpts] Bombay, 17 February—An outbreak of meningococcal meningitis has been stalking the Sion-Kolivada area in Central Bombay for the last 4 weeks, resulting in at least 3 deaths and 16 more cases to date.

According to doctors practising in the area, the outbreak has been noticed in the Varadaraj Nagar, Motilal Nehru Nagar and Sangam Nagar hutment colonies. Despite being a notifiable disease, civic health authorities were unaware of the situation till over a week ago.

Virulent Bacteria

Several doctors said the bacteria is of an infectious strain and is highly virulent because it has affected adults also.

A majority of those affected, beginning from 31 January, were first admitted to the private Antop Hill Hospital (AHH) and later transferred to civil hospitals. Two boys, ages 5 months and 8 years, were brought dead to the hospital, while a 20-year old resident of Varadaraj Nagar died a few hours after he was transferred to Tilak Hospital, Sion.

On 15 February, a medical officer from the F-north ward visited the AHH and collected the names and addresses of the patients who had come there. She later visited their homes and distributed tables of sulphadiazine to other family members and the neighbourhood.

However, it was not until 19 February, after this paper put a query to the executive health officer in-charge, Dr Kusum Shah, that the BMC head office called for a report from Dr Gothel. Dr Shah told this paper last Wednesday that there were no cases of meningococcal meningitis in Sion-Kolivada.

But Dr Gohel's report which was submitted to here on 19 February gave details of four cases for which the CSF test was not done, but had been clinically diagnosed as meningococcal meningitis and one of a 3-year-old baby, Nagavelli, of Motilal Nehru Nagar in which the CSF report said: "fulminating with meningococci."

Meanwhile, other hospitals in the vicinity of Antop Hill received fresh cases. On 20 February, a 5-month-old boy was brought dead to the Antop Hill Hospital, and another 8-year-old was brought dead the next day. Though the AHH doctors have stated "septicemia" as the cause of death, they told this paper that in the light of the outbreak, the deaths were caused by meningococcal infection.

Kasturba Hospital, between 12 and 22 February, admitted five residents of Sion-Koliwada for meningococcal meningitis. One of them was transferred from the KEM Hospital, two from the Tilak Hospital, while two others reported directly. During the same period, three cases were admitted from Dharavi, an adjoining slum colony.

Doctors practising in Sion-Koliwada told this paper that it was normal to find cases of meningococcemia (infection of the blood) in the area, because of the poor sanitary conditions. Other forms of meningitis (pyogenic meningitis) were infectious unlike meningococcal meningitis, and hence not notifiable.

/12232

Meningitis Epidemic Reported in Orissa

54500116 Madras THE HINDU in English 22 Feb 88 p 9

[Text] Bhubaneshwar, 21 February—Seventy-five persons have died between January and February 15 this year of meningitis in Koraput and Phulbani Districts, according to official reports reaching the state headquarters.

Speaking to presspersons here the minister for health and family welfare, Mr Nirajan Patnaik denied reports that the disease had taken an "epidemic form" in the aforesaid districts. On receipt of reports from district headquarters, medical teams were rushed, he said.

In Koraput District 216 people had been attacked by meningitis of which 63 died. Twelve people died in Phulbani District, the minister said.

/12232

FEDERAL REPUBLIC OF GERMANY

Commentary Reviews FRG Anti-AIDS Initiatives

54002443 Hamburg DIE ZEIT in German
1 Jan 88 p 41

[Article by Susanne Meyer: "An Illness No Longer"]

[Text] The New Year: this is the year 8 after AIDS. Seven years ago an immune deficiency that no one recognized at the time was diagnosed for the first time in a patient in the FRG. Today every child knows about it: AIDS is on everyone's mind. AIDS was advanced to the status of a word in 1987. That is the result of an information campaign with the motto: AIDS concerns everyone. It is also the result of a deliberate panic: AIDS is the end of mankind, wrote Hans Halter recently in DER SPIEGEL. Many warned at the outset that AIDS could change society, and it has come about. We have armed ourselves on many fronts.

We have succumbed to the morbid fascination of an illness that almost all of us know only from hearsay. To date there are no more than 18 cases for every 1 million inhabitants of the FRG: 1,588 AIDS patients were reported to the Public Health Office in the past 5 years, and no one can say with certainty whether we are really looking at 200,000 infected persons. The Frankfurt AIDS specialist Prof Wolfgang Stille suspects that we Germans are a nation of hysterics, although he has been reproached with being a slogan maker for the Bavarian Secretary of State Peter Gauweiler and his aggressive catalog of measures to combat the epidemic: A law was passed, supposedly to protect the Bavarian population's health: compulsory testing of those suspected of being contagious, job bans for those infected, internment of those disobeying the law, and closing the borders to those suspected of having AIDS.

But looking at Bavaria with a sense of outrage can easily obscure our view of what else is happening. In Bonn at the beginning of last year—with good intentions but also under pressure from Bavaria—a gigantic scenario was draw up, "AIDS Offensive by the Federal Government" is the significant name given to it in the coalition agreements. A DM135 million package was wrapped up: DM50 million for information, DM30 million for care of the sick, DM25 million for AIDS experts offices in every German health office. DM5 million for the "AIDS Coordination Staff" in Bonn, DM5million for an "AIDS Center" in Berlin. A "National AIDS Advisory Board," a panel of 35 experts, has been set up to advise the government, an "AIDS Inquiry Commission" meets regularly. The panel discusses in detail such questions as whether it can be excluded with absolute certainty that a pilot suffering from AIDS could cause a plane to crash as the result of a sudden dulling of his perceptive faculties. With the topic of AIDS it is very difficult for many people to tolerate a "residual risk."

The "National AIDS Advisory Board" is constantly occupied with questions such as whether AIDS would have to be acknowledged as an occupational illness, whether an AIDS test should be part of an examination for fitness to serve in the tropics. Whether a test of all hospital patients makes sense, whether the hospital staff ought to be tested, whether all Bundeswehr recruits should be tested. And even if obligatory testing is almost always rejected, if volunteering and anonymity are always stressed, the trend is unambiguously moving toward recommending a test: for pregnant women, for couples wanting to have children, for recruits, for patients with an unclear diagnosis, for people who suspect that they may have infected themselves. Shortly before Christmas, the Ministry of Health indicated that it was not averse to what is known as a prevalent study to determine exactly the distribution of infection in the population. The test front has been established, as if the final solution to the AIDS question can be reached in this way. The smallest amount of money is being spent on helping infected drug addicts—a social group that is most at risk. Quick decree, edicts, and threats do not help in this case, only a package of long-term offers to help them escape from their illegal status.

Instead, studies have been commissioned, which are supposed to provide a survey of Germans' sexual behavior. The state will soon know who likes to have sex, when, and how. It has already been determined in "insurance-related studies" what the survival period of someone suffering from AIDS is (a maximum of 10.9 months), what costs can be involved (as much as DM 100,000, which is no more than with other illnesses).

We have issued leather jackets and rubber gloves to policemen and plastic masks to emergency services for the mouth-to-mouth resuscitation of someone who may be infected. We have, not only on account of the state, reached out to grasp the AIDS problem with our renowned German thoroughness.

Scarcely a weekend goes by without an invitation to a conference on the topic of AIDS. AIDS and the law, AIDS and women, AIDS and human rights, AIDS and civil liberties, AIDS and, and, and.

Until now anyway, AIDS is an illness which has affected homosexual men and drug users in up to 90 percent of the cases, but there is discussion in carefully prepared papers whether AIDS could be a reason for divorce.

Women make up only 7 percent of those with the illness—since 1982, in 6 years, exactly 96 female patients have been reported to the Health Office—but not long ago no less than 400 people gathered to debate this topic. There are already two books on the subject.

No more than 13 children in the FRG had caught AIDS so far—0.8 percent of the total—but there are innumerable documentaries that have been written, appeared in

print, or broadcast on this topic. A gala concert for children suffering from AIDS was staged in Munich. A citizens' movement "Children To Help Children With AIDS" has been formed.

In Hanover six leading chefs cooked for an AIDS dinner, to which the wife of Prime Minister Albrecht was invited: the gourmets paid DM250 per plate. Elisabeth Tessier, Franz Beckenbauer and Richard Claydermann appeared on television in an AIDS MultiVision gala broadcast. One could almost think that AIDS is fun, as long as one is free of it oneself.

Even those who consider themselves the opposition to the prevailing laws of thinking and marketing, have taken up their positions in the battle concerning AIDS—without having succeeded in achieving any broad solidarity with those infected and ill with the disease. At most they defend their own position. The left-wing periodical KONKRET was the first magazine to bring out a special edition on AIDS on the very market which KONKRET ridiculed in the same issue as that of the "bourgeois press." Editor in chief Gremliza pronounced—with a scorn for the sufferers almost equal to Gauweiler's—that it was possible to live with microbes and metastases: "It is metaphors that bring death." Rushing hastily to identify scapegoats, like our Bavarian colleagues fighting AIDS, feminists in EMMA identified the male, as the virus carrier, as the target to be fired at.

In TEMPO, Matthias Horx revealed how the thinking of the fathers is passed on unexpectedly to the sons: AIDS, he argued, will carry out a negative selection in society—single out artists, intellectuals, the interesting people. A process of selection which Dr Heike Wilms-Kegel recently imputed to the Minister of Health Rita Suessmuth as intentional: "Is that not the ultimate goal of Suessmuth's information campaign? Is the campaign not aimed equally at the virus and the carrier?" asks the Bundestag delegate from the Greens, who is also a member of the AIDS Inquiry Commission, in an article. In the FRANKFURTER RUNDSCHAU the Bremen medical sociologist Gerd Goeckenjahn denied that there was any informative meaning to AIDS information: "There should not be any hope that tolerant, solidaristic, and more open social conditions will come about as a result of AIDS."

Two months before this article appeared, the Central Office for Health Information had published a poll, according to which two-thirds of those questioned came out against compulsory testing and ostracizing those afflicted. In 1985, 75 percent had been in favor of mandatory reporting, today it is only 51 percent. We have AIDS to thank for the largest self-help organization of our times, an perfect example of solidarity: in more than 50 regional AIDS-assistance centers those affected are organizing groups, providing information about the disease, giving advice on the topic of "safer sex." Still, barely 20 percent have changed their sexual behavior because of AIDS.

Beyond all the rhetorical battles, bureaucratic excesses and official decrees, many citizens have apparently understood—and this may be the most cheering news on the subject of AIDS: AIDS is a disease, a severe disease, but no longer a disease. A disease that each individual can best protect himself from.

AIDS is a disease about which we still know little. It is difficult to diagnose, difficult to treat and (as yet) incurable. No one can make a serious statement today about how fast it is spreading, how many people are infected, how many will survive. According to Frankfurt professor Eilke Brigitte Helm, whom DER SPIEGEL enlists as the prophetess of catastrophe, it can become very serious—"but it could be just the reverse: much less harmful than we all think."

Every day we learn something new about AIDS. Only one thing is certain so far: it is a disease that holds up a mirror to our society like no other.

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